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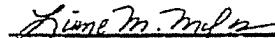


PATENT
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Liane M. Maldos
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	SAINT-REMY et al.	Art Unit:	1644
Serial No.:	10/044,569	Examiner:	Maher M. Haddad
Filed:	January 11, 2002	Customer No.:	21559
Title:	METHOD AND PHARMACEUTICAL COMPOSITION FOR PREVENTING AND/OR TREATING SYSTEMIC INFLAMMATORY RESPONSE SYNDROME		

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DECLARATION UNDER 37 C.F.R. § 1.132 OF DR. JEAN-MARIE SAINT-REMY

1. I am a named Inventor on the above-referenced patent application.
2. I am a Professor at the University of Leuven and an expert in the field of vascular biology. A copy of my curriculum vitae is attached.
3. I have read and understand the Office Actions mailed April 21, 2004 and December 16, 2004.

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4. I present in vivo data from an animal model confirming that an antibody, administered according to the method of the claimed invention, is effective against systemic inflammatory response syndrome (SIRS) such as sepsis.

5. The model that was used, i.e., the induction of sepsis by a single bolus injection of lipopolysaccharide ("LPS") in mice, is a well-established animal model for studying septic shock symptoms and testing potential therapeutic agents in septic shock.

6. In this experiment, we used both the KRIX-1 antibody and a deglycosylated form thereof. The antibody KRIX-1 is produced by the cell line named KRIX 1, which, as detailed in the patent application, was deposited with the Belgian Coordinated Collections of Micro-organisms under accession number LMBP 5089CB. As described in the patent specification, the KRIX-1 antibody binds to an epitope in the C1 domain of FVIII and partially inactivates FVIII. To obtain the latter deglycosylated antibody, we modified carbohydrate attachment sites found in the complementarity determining regions of the KRIX-1 antibody. This modified KRIX-1 antibody was named KRIX-1Q, and was found to retain the binding affinity to the antigen of the KRIX-1 antibody.

7. Preliminary experiments indicated that a single intraperitoneal (IP) injection of 400 µg LPS in wildtype BALB/c mice resulted in a 80% mortality rate within 2 days. In a first experiment using the antibodies, four groups of BALB/c mice (n=8 in each group) were therefore treated by a single IP injection of antibody KRIX-1 or of its deglycosylated form (KRIX-1Q) prior to administration of 400 µg LPS. Mouse survival was followed over time. The results on the prevention and/or treatment of sepsis in this experiment are illustrated in Figure 1A. This Figure shows that all mice survived endotoxin-mediated shock upon treatment with 3 or 30 µg of KRIX-1 or 3 µg of KRIX-1Q. A significant improvement of survival rate was also observed at a dose of 0.3 µg KRIX-1.

8. In another experiment, wildtype C57B1/6 mice were injected with KRIX-1Q (30 µg, 3 µg, or 0.3 µg), a sham IgG4 antibody (AK6A3), or buffer. Thirty minutes later a single IP injection of 400 µg LPS was administered. Survival of the mice was subsequently monitored. When mice were administered the KRIX-1Q antibody an anti-sepsis response was observed. In particular, it was observed that the KRIX-1Q antibody can be administered in high dosages without occurrence of shock as a result of pro-inflammatory and anti-inflammatory compensatory responses as observed with complete inhibition of FVIII. The effectiveness against sepsis is illustrated in Figure 1B. This Figure shows a statistically significant death prevention with 30 µg of KRIX-1Q compared to mice receiving either the sham IgG4 (AK6A3) ($p<0.03$) antibody or no antibody (i.e., buffer).

9. The results illustrated in Figure 1A and 1B clearly demonstrate that the KRIX-1 and KRIX-1Q antibodies are effective against sepsis in the mouse model.

10. To further demonstrate that partially inhibitory antibodies directed against the C1 domain of FVIII are readily obtained following the methods described in the specification of our patent application, we present the following data in connection with the antibody named RHD5.

11. In general, a human lymphoblastoid cell line, named RHD5, was derived by immortalization of B lymphocytes from a patient with acquired hemophilia, as described in the specification. These B cells were then transformed by infection with Epstein-Barr virus as follows. Briefly, 10^7 peripheral blood mononuclear cells were resuspended in 2 mL culture medium and incubated for 2 hours at 37°C with 200 µL Epstein-Barr virus supernatant (B95-8 strain). Cells were then seeded at 5,000 cells/well in 96-well microtiter plates (Nunc) containing feeder cells (3T6-TRAP cells irradiated with 7,000 rads). One hundred fifty microliters of culture supernatant was replaced every week by fresh culture medium.

12. After 6 weeks, culture supernatants were tested in an enzyme-linked immunosorbent assay (ELISA) for the presence of anti-FVIII antibodies. Positive cell lines were transferred to 24-well plates and immediately cloned at 60 cells per 96-well plate without feeder cells. One clone, producing an antibody called RHD5, was selected. The antibody present in the culture supernatant was purified by adsorption on HiTRAP protein A (Pharmacia), as described in the specification.

13. The fact that RHD5 binds to the C1 domain of FVIII, similar to KRIX-1 was confirmed by immunoreactivity to FVIII fragments corresponding to the C1 domain of FVIII.

14. Inhibitory activity of RHD5 was assessed in a Bethesda assay. RHD5 inhibited only partially FVIII activity up to the highest concentration tested. In a Bethesda assay performed by mixing one volume of antibody at 200 microgram/mL or of control buffer with one volume of plasma, the residual FVIII levels were 7.0 ± 0.2 and 251.9 ± 18.8 ng/mL, respectively (mean \pm SD of triplicates). RHD5 (at a final concentration of 100 μ g/mL) inhibited FVIII by at least 97%. Similarly, in a Bethesda assay performed by mixing one volume of RHD5 antibody at 200 microgram/mL or of control buffer with one volume of full length recombinant FVIII (Recombinate^R, Baxter), the residual FVIII levels were 8.0 ± 0.2 and 399.7 ± 18.8 ng/mL, respectively (mean \pm SD of triplicates). The inhibition of FVIII activity reached at a final concentration of RHD5 of 100 microgram/mL was therefore 98%. A dose response curve of plasma FVIII inhibition by RHD5 is shown in Figure 2.

15. The ability of KRIX-1 to compete with RHD5 for FVIII binding was also tested in ELISA. Polystyrene microtitration plates were incubated overnight at 4°C with 50 μ L RHD5 at 2 microgram/mL in phosphate buffered saline (PBS). The plates were next washed 4 times with PBS-Tween. Biotinylated recombinant FVIII (0.5 microgram/mL) in Tris-BSA-Tween was mixed with RHD5 or KRIX-1 at various concentrations before addition to RHD5 coated plates. After a two hour incubation period at 4°C, the plates

were washed 4 times and bound biotinylated FVIII was detected by addition of avidine peroxidase (Sigma) at 1 microgram/mL. After 30 minutes at room temperature (RT), the plates were washed again and supplemented with 100 µL OPD. The resulting OD was read at 490 nm in a Emax Microplate Reader (Molecular Devices, Menlo Park, CA). Biotinylated FVIII used in the above experiment was prepared by incubating recombinant FVIII (100 microgram/mL) dialysed in Hepes buffer (Hepes 10 mM, NaCl 0.15 M, CaCl₂ 10 mM, pH 8.5) with sulfo-NHS-LC-biotin (Pierce) at 1 microgram/mL for 2 hours at RT. The preparation was then dialysed against Hepes buffer and stored and -80°C.

16. As shown in Figure 3, KRIX-1 completely prevented FVIII binding to RHD5. These data confirm that RHD5, like KRIX-1, is directed against the C1 domain of FVIII.

17. I note that these data support the fact that antibodies such as KRIX-1 and RHD5 directed against the C1 domain of factor VIII and capable of partially inhibiting FVIII are indicative of results which can be obtained following the methods described in the application.

18. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Date: OCTOBER 13, 2005

Dr. Jean-Marie Saint-Remy

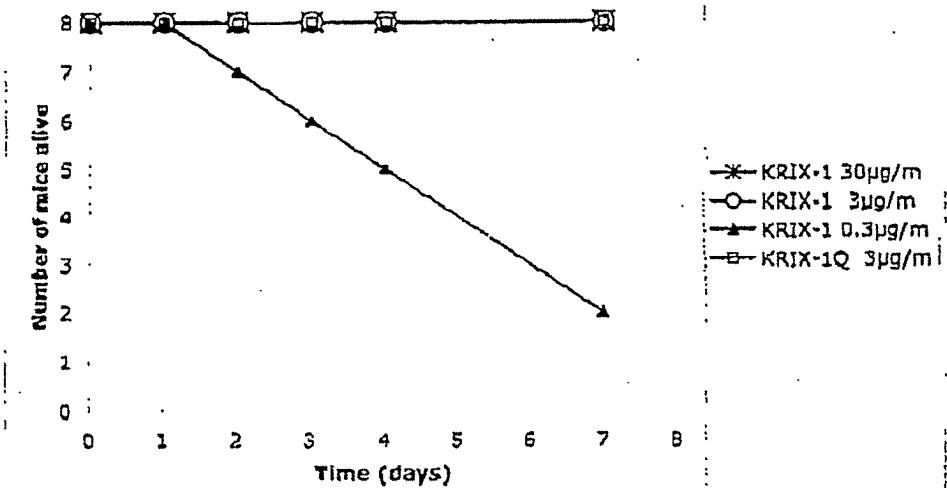


Figure 1A: Survival in a septic shock model of mice upon co-administration of LPS with partial inhibitory antibodies against Factor VIII

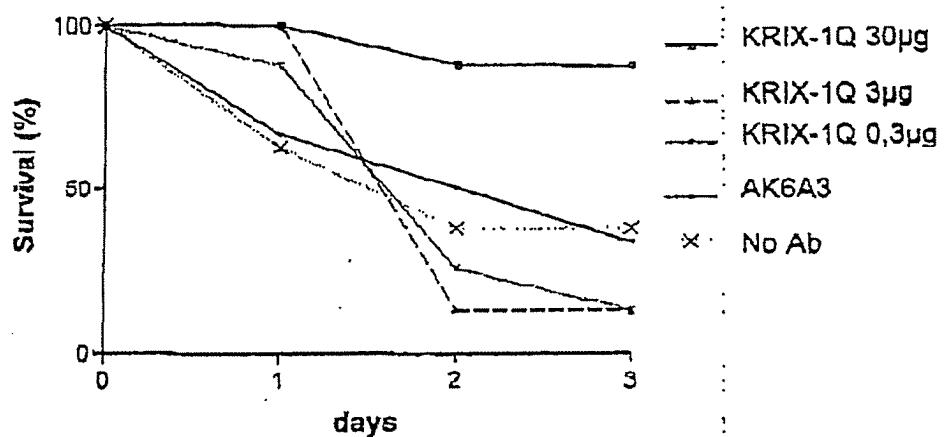


Figure 1B: Survival in a septic shock model of mice pretreated with partial inhibitory antibodies against Factor VIII.

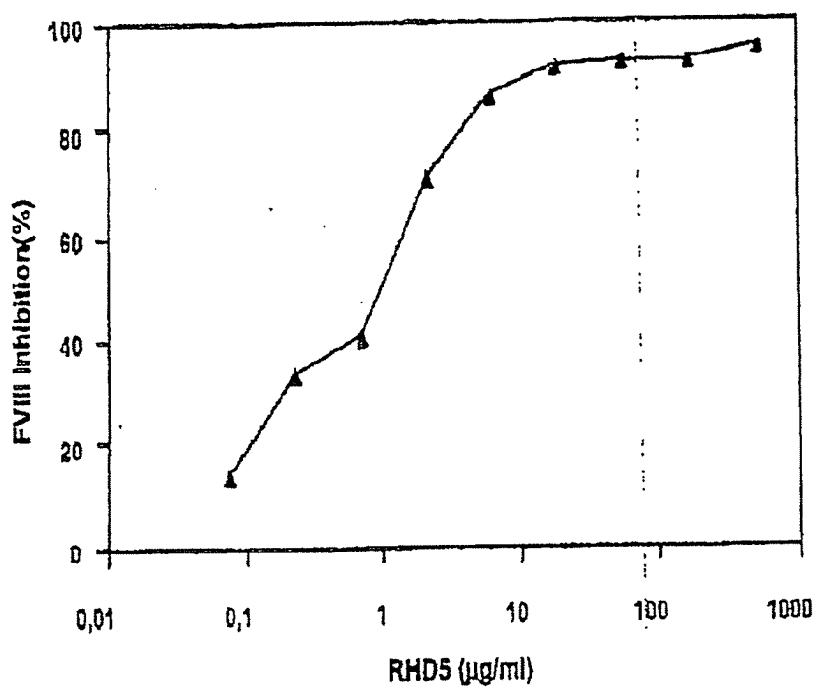


Figure 2: Dose response curve of plasma FVIII inhibition by RHDS

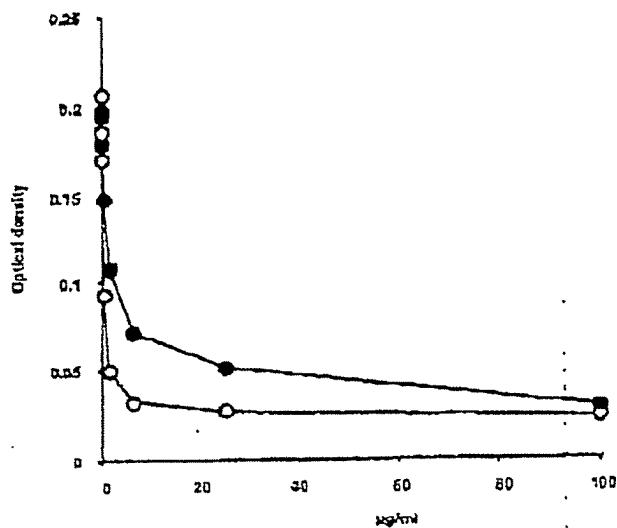


Figure 3: Competition of RHD5 and Krix-1 for the binding to C1 domain of FVIII. Different concentrations of RHD5 (closed symbols) or Krix-1 (open symbols) were mixed with rFVIII before addition to RHD5 coated plates. The plates were then incubated for 2 hours at 4°C and the binding of FVIII was detected by the addition of avidine peroxidase and OPD.



JM Saint-Remy CV June 2005

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Curriculum vitae, June 2005

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Education

1974 Doctor in Medicine (MD), UCL, Belgium
1979 Board certified Specialist in Internal Medicine, UCL, Belgium
1982 PhD in Immunology, University of London (UK)
1992 Aggregation for Higher Education in Medicine, UCL, Belgium

Appointments within the University of Leuven

1995-1996 Research Associate
1996-1999 Docent (Assistant Professor)
1999- present Hoofddocent (Associate Professor)

Academic Appointments outside the University of Leuven

1982-1989 Senior Investigator, Institute of Cellular and Molecular Pathology
Université de Louvain, Brussels, Belgium
1989-1995 Research Director, Allergy and Clinical Immunology Unit,
Université de Louvain, Brussels, Belgium

Other Activities

1993-2002 President of the Belgian Society for Allergy and Clinical Immunology
1996- Consultant, Allergy and Clinical Immunology,
Institut Edith Cavell, Brussels, Belgium

Awards and Honors

1980-81	Fellowship of the International Institute for Molecular and Cellular Pathology (ICP, Brussels, Belgium)
1983-84	Pharmacia Award for Allergy and Clinical Immunology
1989	de Hovre Foundation Award for Immunology
2003-2005	Bayer International Award for Haemophilia basic research
2005-2007	Bayer International Award for Haemophilia special projects

Membership in Scientific Organizations

1980	Belgian Society for Allergy and Clinical Immunology
1992	British Society for Allergy and Clinical Immunology
1988	European Academy for Allergy and Clinical Immunology
1988	International Association for Allergy and Clinical Immunology
1993	Belgian Society for Thrombosis and Haemostasis
1994	Société belge d'Oto-Rhino-Laryngologie
1994	European Ligand Association
1997	American Society of Hematology
1999	International Society for Thrombosis and Haemostasis
2000	Collegium Internationale Allergologicum

Publications

Author on over 100 papers published in international peer-reviewed journals, of which a selection is provided herunder.

1. Saint-Remy JM, Lacroix-Desmazes S, Oldenburg J. Inhibitors in haemophilia: pathophysiology. *Haemophilia*. 2004 Oct;10 Suppl 4:146-51. Review.
2. Pipe SW, Saint-Remy JM, Walsh CE. New high-technology products for the treatment of haemophilia. *Haemophilia*. 2004 Oct;10 Suppl 4:55-63. Review.
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4. Jacquemin MG, Saint-Remy JM. Factor VIII alloantibodies in hemophilia. *Curr Opin Hematol*. 2004 May;11(3):146-50. Review.
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